

Web Based Training Enrollment Form

This form, when completed and approved,
should be returned to the **Web Based
Training Administrator at:**
email: dis.service.orders@arkansas.gov
For assistance, call **501.683.0500**

**Department of Information Systems
Customer Services Division
P.O. Box 3155
Little Rock, AR 72203
FAX: 501.682.5703**

Student Information

Subscription Choice:

- ☐ Technical & End User Business Skills Library with Business Skills Video and Personal Learning user's Solution - \$300
- ☐ Technical & End User Business Skills Library - \$200
- ☐ Business Skills Video - \$100
- ☐ End User Library Only - \$90
- ☐ Tech Labs - \$30/hour

Name: _____

Phone: (____) _____

FAX: (____) _____

Email Address: _____

Agency: _____

Section: _____

Agency Code: _____ DIS Acct #: _____ (contact 501.682.4010 if unknown)

Purchase Order Number: _____

Agency Authorization Information:

Manager/Supervisor's Name: _____

Phone: (____) _____

Manager's Approval Signature: _____

